

**Pacifica Community Television
Volunteer/Intern Information Sheet**

Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

Occupation _____ Birthday _____

Phone (Primary) _____ (Secondary) _____

Email _____

Availability: Please indicate available hours to work at station										
Day	1 PM	2	3	4	5	6	7	8	9	10
Mon										
Tue										
Wed										
Thur										
Fri										
Sat										

How did you hear about PCT 26? _____

What areas of production/non production work are you interested in? _____

What skills do you feel you can bring to the station? _____

Do you own any production equipment? If so, please list. _____

Do we have permission to give out your name and number to producers interested in having you on a crew? _____